

Request to Modify Video Gaming Device Permit

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

Please complete an application for each device

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Each Request to Modify a Video Gaming Device Permit must be approved before moving device.

| Please type or print information | Please | tvpe | or | print | infor | matior |
|----------------------------------|--------|------|----|-------|-------|--------|
|----------------------------------|--------|------|----|-------|-------|--------|

| Device Make Device Model | | | Device Serial Number | EVM Permit Num | ber (if applicable) | Effective Date |
|---------------------------------------|--------------|--|----------------------|---------------------------------|---------------------|----------------|
| | | | | EVM- | | |
| Distributor | | · | | Distributor License Number | | |
| | | | | | | |
| Physical Address (Street, City, State | e, Zip Code) | | | Distributor's FAX Number | | |
| | | | | | | |
| Contact Person | | | | Contact's Phone Number | | |
| | | | | | | |
| Current Location of Device | | Current Address | | Current Location License Number | | |
| | | | | | | |
| Request to Move Device to: | | New Location Address | | New Location License Number | | |
| | | | | | | |
| Authorized Representative (Print) | | Signature of Authorized Representative | | Date | Daytime Phone Nu | ımber |
| | | | | | | |
| | | | | | | |

Provide the name and license number of each organization leasing this device. You may use an attached list if necessary.

| Organization | License Number | Organization | License Number |
|--------------|----------------|--------------|----------------|
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| Permit Number EVM | Check Number | Amount | Receipt C- |
|---|--------------|--------|------------|
| Signature of personnel authorized to appr | Date | | |